

Being with People and Being Alone in Late Life: Costs and Benefits for Everyday Functioning

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Being alone and being with people are both important determinants for adaptation in the everyday life of elderly people. We examined the relationship between social contact (engagement in activities alone or in the presence of others), difficulties experienced with daily activities when with people or when alone, everyday satisfaction, and self-reported autonomy. Greater levels of social contact are associated with greater everyday satisfaction as long as participants report no difficulty in daily activities. However, greater levels of social contact are associated with lower self-reported autonomy among very old participants (85-104 years) and social contact is unrelated to self-reported autonomy among old participants (70-84 years). The findings suggest that the compensatory use of social resources and the selective narrowing of social contact in daily activities contribute to adaptive everyday functioning in later life.

It is a well-established finding that social contacts and social relationships diminish in late life (Harvey & Singleton, 1989; Lee & Markides, 1990; Palmore, 1981). In her socioemotional selectivity theory, Carstensen (1993, 1995) argues that social preferences and needs follow predictable life course patterns that are closely associated with an individual's subjective future

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perspective. In earlier life phases, when the future appears unlimited, people seek social contacts mainly for information-seeking purposes. In later life phases and when the future is limited, people choose social partners to enhance emotionally meaningful experiences (Fredrickson & Carstensen, 1990). Thus, reductions may be an adaptive mechanism with which older people dismiss social contacts that are associated with less meaningful or less rewarding experiences in everyday life (Baltes & Carstensen, 1996; Lang & Carstensen, 1994; Lang, Staudinger, & Carstensen, in press; Lang & Tesch-Römer, 1993).

This does not mean that social contacts are not needed in old age. In fact, social support has been found to be associated with increased functioning and well-being in adulthood (Antonucci & Jackson, 1987; Lang & Carstensen, in press), in particular when individuals experience increased needs (Wilcox, Kasl, & Berkman, 1994). Others are needed when the activities of everyday life become more difficult (Baltes, Mayr, Borchelt, Maas, & Wilms, 1993; Lawton, 1989), for example, when an older individual suffers from arthritic pain, or when household chores and errands cannot be easily mastered. In these circumstances, mastering demands of everyday life may depend on the availability of social partners.

At the same time, social partners may pose a threat to one's autonomy (Baltes, 1995). For example, the presence of others in everyday life may increase the likelihood of overprotection (Baltes, 1995; Thompson, 1993) or unpleasant emotions (Rook & Pietromonaco, 1987). Moreover, social contacts are not always positive but may entail negative exchanges such as criticism and conflict (Antonucci, 1985; Rook, 1984), or even violence (Pillemer & Finkelhor, 1988). Thus, being with others involves both costs and benefits (Larson, 1990; Larson, Mannell, & Zuzanek, 1985). We argue that being with people in everyday life may be associated with greater risks or costs when older people experience difficulties with everyday activities.

Managing difficulties in daily activities and social resources in later life may be characterised as a dynamic interplay between maintaining autonomy or self-reliance, on the one hand, and relying on social support from other people, on the other (Baltes & Carstensen, 1996; Baltes & Silverberg, 1994). To explore the dynamics between being alone and being with people in everyday life, we propose the metamodel of selective optimisation with compensation (Baltes & Carstensen, 1996).

The selective optimisation with compensation model describes three mechanisms (selection, compensation, and optimisation) that contribute to the older individual's potential and competence to manage the demands of everyday life (Baltes & Baltes, 1990; Marsiske, Lang, Baltes, & Baltes, 1995). In this paper, we focus on the processes of selection and compensation. We argue that when older individuals experience high demands or difficulties with daily activities, indications of selection and

compensation are associated with greater satisfaction and self-reported autonomy.

Selection, in this respect, refers to a goal- or task-related narrowing of behavioural and functional domains. Depending on an individual's specific goals and everyday tasks, available resources are focused and directed towards mastery of the selected tasks. As a consequence, older people may prefer to narrow their social contacts when they experience difficulties in everyday life. Spending less time with people may then be a strategy to maximise meaningful emotional contacts and minimise unpleasant or overprotective social interactions.

Compensation describes a mechanism whereby individuals substitute or replace lost resources. Compensation may occur in the context of a previously unknown demand; and implies an investment of new means or resources to master the demand. For example, spending time with others may help older individuals compensate for age-related deficits in everyday functioning (Baltes & Lang, in press). Mastering daily tasks in later life may require individuals to spend more time with other people in order to have social support available when it is needed.

It follows that spending time with people in everyday life may be adaptive at times when support is needed to master everyday tasks, and detrimental to everyday functioning at times when social contacts are too much and not in accordance with needs. Finding the right match between being alone and being with people may determine well-being and autonomy in everyday life. This is not to say that older people can always choose whether to be with people when demands arise in everyday life. Furthermore, some demands may be related to the presence of others.

In the following, we explore the associations between social contact in daily life, difficulties experienced with daily activities, satisfaction, and self-reported autonomy. Three hypotheses are considered. First, difficulties with daily activities may differentially affect activity patterns depending on whether they are experienced alone or with others. Second, less social contact during the day may be associated with more satisfaction and autonomy in very old age (85–103 years) as compared to old age (70–84 years). Third, social contact may be differentially related to everyday satisfaction and autonomy, depending on whether people experience difficulties with daily activities.

METHOD

Participants

The Berlin Aging Study (BASE) is an interdisciplinary investigation (psychology, sociology, psychiatry, internal medicine) of 516 community-dwelling and institutionalised West Berlin residents, ages 70–103 years ($M =$

84.9 years; $SD = 8.7$), who took part in an intensive 14-session assessment protocol (see Baltes, Mayer, Helmchen, & Steinhagen-Thiessen, 1993). Participants were identified through probability sampling from the local registration office (in Germany each citizen must be registered) and stratified by age and sex. Of those contacted 27% took part in all 14 sessions of BASE. Compared to the original sample of 1908, the final sample of 516 participants was characterised by a reduced mortality relative to the mortality of the general population (Lindenberger, Gilberg, Little, & Baltes, 1996).

Of the 516 participants, 31 were excluded from this study because of missing data. Most of the excluded participants (87%) were diagnosed as suffering from early or severe forms of dementia. Of the remaining 485 participants with complete data sets, 17% were diagnosed as suffering from early or severe forms of dementia. On average, the 485 participants reported 10.8 years of education ($SD = 2.4$), 53.7% had 8–10 years, 39.6% had 10–13 years, and 6.7% had more than 13 years of education. In total, 49% of the participants were women, and 71% reported at least one living child. In terms of living arrangements, 37% lived in shared households, 52% lived alone in a private household, and 11% lived in long-term care institutions (i.e. sheltered housing, nursing homes, hospitals for the chronically ill).

Measures

Everyday Activities. The “Yesterday Interview” (YI; Moss & Lawton, 1982) provided a minute-by-minute reconstruction of the sequence, duration, frequency, and social situations of activities engaged in during the preceding day. The YI, part of the seventh session in the BASE protocol (consisting of 15 sessions) was conducted by trained interviewers. Participants were asked to report all activities in the sequence of their occurrence the preceding day, from waking up to falling asleep. The duration of each activity was described, as well as where and with whom it occurred. All reported activities were recorded verbatim. Trained coders classified the activities into 44 activity codes (see Baltes et al., 1993). All kappa-values for inter-coder reliability were above .80 (see Baltes et al., 1993). On average, participants reported 28 activities ($SD = 7.3$) lasting an average of 968.5 minutes ($SD = 109.7$). These 44 activity categories were reduced to five broad categories: (1) self-care and housekeeping; (2) physical leisure; (3) cultural and social activities; (4) television viewing; and (5) resting/sleeping during the day (see Table 1, cf. Baltes & Lang, in press).

Difficulty with Daily Activities. For each activity, participants reported whether they experienced difficulties, or whether they needed aid or

TABLE 1
Description of Five Categories of Everyday Activities

<i>Activity Category</i>	<i>Description and Sample Subcategories</i>
1. Self-care/housekeeping	Basic, instrumental, and complex activities of daily living (e.g. rising, self-care, eating, shopping, household chores, formal interactions, medical care).
2. Physical leisure	Activities that include any kind of physical efforts or demands (e.g. sports, gardening, work, walking, excursions, transportation).
3. Cultural and social activities	Activities aimed at cultural, creative, political, religious or social interests (e.g. writing, reading, playing, listening to radio or music, talking, visiting, telephoning, helping).
4. Television viewing	Television viewing.
5. Resting/sleeping during the day	Passive activities during the day or sleeping during the day in between other activities.

assistance. On average, participants experienced difficulties with 4.2 (SD = 6.2) daily activities. Difficulties were differentiated for daily activities when alone and for those with other people. Three *difficulty groups* were distinguished: (1) participants who reported difficulties with daily activities when alone ($N = 143$);¹ (2) participants who reported difficulties when with others ($N = 149$);¹ and (3) participants who did not experience any difficulties with daily activities ($N = 193$).

Social Contact. For each daily activity, participants reported whether it occurred “when alone” or “when with others”. Two scores resulted from this coding: (1) percentage of the day spent with others and spent alone for each activity type; (2) the total number of activities engaged in with others. On average, participants reported 8.7 (SD = 7.8, Range = 0–31) daily activities in the presence of others. The number of social contacts was unrelated to the number of reported daily activities ($r = -.01$; n.s.). Most social contacts occurred in the context of daily activities that were not experienced as difficult ($M = 7.5$; SD = 7.1, Range = 0–28). Participants who had difficulty in daily activities when with people reported on average 4 (SD = 3.9,

¹ Five participants reported some difficulty only with getting up in the morning or with going to bed, while a spouse was present. However, duration of these contacts were reported as zero minutes. All other difficulties with activities were reported when alone. Therefore, these participants were coded as reporting difficulties when alone. However, identical patterns of results were obtained in the data analyses when coding these 5 participants as reporting difficulties when with others.

Range = 1–22) additional social contacts. In the following, the level of social contact involves only those daily activities that were not reported to be difficult. A median split produced two *social contact groups*: (i) those who reported fewer than 5 social contacts in daily activities ($N = 252$); and (ii) those who reported more than 5 social contacts in daily activities ($N = 233$).

Self-reported Autonomy is a sum composite of two indices assessing subjective functional capacity. (1) The number of reported self-care, shopping, and transportation activities was weighted by the total number of reported activities (irrespective of experienced difficulty with these activities) to produce a proportion score of daily living devoted to basic activities ($M = 34.5\%$). The reverse of this score ($M = 65.5\%$; $SD = 8.8$) described the proportion of nonobligatory activities in everyday life (i.e. extended everyday competence; Baltes et al., 1993). (2) Participants rated their capability to perform 10 activities of daily living (ADL) such as eating, bathing, or self-care (Barthel Index; Mahoney & Barthel, 1965; Steinhagen-Thiessen & Borchelt, 1996). The two measures of self-reported autonomy were moderately correlated ($r = .31$; $P < .001$). The unit-weighted factor score of both measures explained 65.2% of the total variance of both measures.

Everyday Satisfaction is measured in the Yesterday Interview with a questionnaire assessing individual satisfaction for the morning, the afternoon, and the evening of the previous day. Participants rated three bipolar items on a 5-point scale: (1) lonely vs. socially embedded; (2) irritated/restless vs. relaxed/calm; and (3) sad vs. happy. The overall internal consistency of the scale was $\alpha = .86$ (morning: $\alpha = .71$; afternoon: $\alpha = .73$; evening: $\alpha = .74$).

To simplify comparisons, all values of everyday satisfaction and self-reported autonomy were standardised and transformed into *T*-scores ($M = 50$; $SD = 10$).

Control Variables. Health, gait/balance, visual and auditory acuity, and social support network were used as statistical controls. *Health* reflected the number of severe medical diagnoses assessed in the geriatric BASE interview (Steinhagen-Thiessen & Borchelt, 1996). *Gait/Balance* pertains to two short assessments. (1) Participants were asked to perform a 360 degree turn as fast as they could without the risk of falling. Gait represented the number of steps needed to complete the circle. (2) In the balance test, participants were asked to stand upright with legs close together, arms extended in front of the body with palms turned up, and eyes closed for one minute. The degree of participant's swaying during the trial was rated on a

6-point scale by a physician (for a detailed description, see Baltes et al., 1993). This scale was reversed in the subsequent analyses with greater values indicating higher levels of gait/balance. *Visual acuity* consisted of a composite construct of three measures: (1) Distance visual acuity was assessed binocularly with a reading table presented at a minimum of 2.5 metres to the participant. Close visual acuity was assessed separately for (2) the left eye and (3) the right eye, using a reading table presented at reading distance. *Auditory acuity* was assessed with a Bosch ST-20-1 pure-tone audiometer with headphones, at the participant's residence or in the clinic of a university medical school (for a detailed description, see Lindenberger & Baltes, 1994). *Social support network* was assessed with a modified version of the Social Convoy Questionnaire (Kahn & Antonucci, 1980) that consists of a free-recall name-generating technique using a circle diagram (for a detailed description, see Lang & Carstensen, 1994). Participants described received and given support in five functional domains: helping with errands; tangible help in the household; confiding; cheering up; or potential caregiving.

RESULTS

Difficulties in Daily Activities. Of the 485 participants, 193 (39.8%) did not report any difficulties in daily activities. Of the remaining participants, 143 (29.5%) reported difficulties in daily activities when alone, and 149 (30.7%) reported difficulties when with others. Table 2 gives a descriptive and comparative overview of the three groups.

As shown in Table 2, participants who reported difficulties in daily activities were, on average, older and less healthy than those who did not experience any difficulties. In addition, most participants who reported difficulties only when alone were those who lived alone. These participants also reported fewer nondifficult activities in the presence of others, a smaller social network, and less supportive exchanges than the other two groups. These effects persisted above and beyond the effects of age cohort and gender.

Hypothesis 1: Associations between Difficulties Experienced When Alone or With Others and Activity Patterns. More than a third of all activities reported in the Yesterday Interview took place in the presence of a social partner ($M = 37.6\%$; $SD = 32.0$). Participants who did not experience any difficulties in daily activities spent 44.6% ($SD = 33.0$) of their waking day in the presence of social partners, participants who experienced difficulties when with others spent 49.4% ($SD = 30.4$) of the waking day in the presence of social partners, and those who reported difficulties only when alone spent 15.8% ($SD = 19.0$) of the waking day in the presence of others. The percentage of time spent in activities with others or alone varied with

TABLE 2

Daily Activities: Descriptive Statistics for Three Reported Difficulty Groups ($N = 485$)

	Reported Difficulty Group			<i>P</i>
	No Difficulty (<i>N</i> = 193)	Difficulty When Alone (<i>N</i> = 143)	Difficulty When With People (<i>N</i> = 149)	
Mean age (SD)	81.6 (8.1)	86.2 (8.4)	86.2 (8.4)	.001 ^a
No. of 70–84-year-olds	122	64	66	
No. of 85–103-year-olds	71	77	85	.001 ^b
Women (%)	40.9	54.5	52.3	n.s. ^c
With a living child (%)	72.5	65.0	74.5	n.s. ^c
<i>Living arrangement</i>				
Living alone (%)	48.7	72.0	35.6	
Institutionalised (%)	10.4	9.1	14.8	.001 ^b
Diagnosed demented ^d (%)	11.9	18.2	22.1	.05 ^c
No. of medical diagnoses (SD)	7.1 (4.2)	8.5 (3.7)	9.2 (3.7)	.001 ^e
Gait/Balance (<i>z</i> -score) (SD)	.34 (.88)	.01 (.89)	-.45 (1.1)	.001 ^e
<i>Social network</i>				
Social network size	11.1 (7.8)	8.8 (6.5)	10.1 (6.4)	n.s. ^c
Received social support	3.0 (1.4)	3.1 (1.5)	3.8 (1.4)	.001 ^e
Given social support	2.9 (1.7)	2.2 (1.5)	2.7 (1.6)	.05 ^c
Social satisfaction (<i>T</i> -score)	51.3 (9.8)	48.5 (10.2)	49.8 (9.9)	.05 ^c
<i>Everyday functioning</i> (SD)				
Length of waking day (min.)	973 (106)	960 (111)	967 (117)	n.s. ^c
No. of daily activities	27.5 (7.4)	28.9 (6.9)	27.7 (7.5)	n.s. ^c
No. of social contacts ^f	9.7 (7.9)	3.7 (4.6)	8.5 (6.7)	.001 ^e
No. of reported difficulties	–	4.9 (4.8)	8.8 (7.6)	.001 ^g

^a *F*-test with $df = 1, 484$; ^b Chi-square test with $df = 4$; ^c Chi-square test with $df = 2$; ^d Diagnosed as suffering from early or severe forms of dementia; ^e *F*-tests with $df = (2, 473)$ for a three-factorial (age \times gender \times difficulty group) ANOVA. ^f Social contacts reported in the context of nondifficult daily activities. Participants who reported difficulty in daily activities when with people reported additional 4.0 (SD = 3.9) social contacts (i.e. a total of 12.4, SD = 7.7); ^g *F*-test with $df = 1, 290$ between two groups of reported difficulty in daily activities.

difficulty group, type of daily activity, and age cohort, [$F(2, 468) = 6.0, P < .001$].

Table 3 presents results from the four-factorial ANOVA with two within-subject factors (activity type and percentage of time spent in activities alone versus with others) and two between-subject factors (age cohort and difficulty group). The amount of time spent in activities alone was greater for participants who reported difficulties when alone ($M = 797\text{min.}$, $SD = 206$), as compared to participants who reported no difficulties ($M = 534\text{min.}$, SD

TABLE 3

Results of the 2 (Age Cohort) \times 3 (Difficulty Group) \times 5 (Activity Type; Within-subject) \times 2 (Being Alone/With People; Within-subject) ANOVA on Everyday Activity Patterns ($N = 485$)

<i>Source of Effect</i>	<i>df</i>	<i>F-value</i>	<i>Eta</i> ²
<i>Between-subject</i>			
Age cohort	1,479	23.8***	4.7
Difficulty group	2,479	0.2	0.1
Age \times difficulty group	2,479	0.0	0.0
<i>Within-subject</i>			
Being alone/with people	1,479	96.4***	16.8
Activity type	4,1916	116.4***	19.5
Alone/with people \times activity type	4,1916	38.2**	7.4
<i>Between-subject \times within-subject</i>			
Age \times alone/with people	1,479	0.8	0.2
Difficulty group \times alone/with people	2,479	54.1***	18.4
Age \times difficulty group \times alone/with people	2,479	0.1	0.0
Age \times activity type	4,1916	25.8***	5.1
Difficulty group \times activity type	8,1916	3.1**	1.3
Age \times difficulty group \times activity type	8,1916	1.1	0.5
Age \times alone/with people \times activity type	4,1916	0.5	0.1
Difficulty group \times alone/with people \times activity type	8,1916	6.0***	2.5
Age \times difficulty group \times alone/with people \times activity type	8,1916	3.5***	1.4

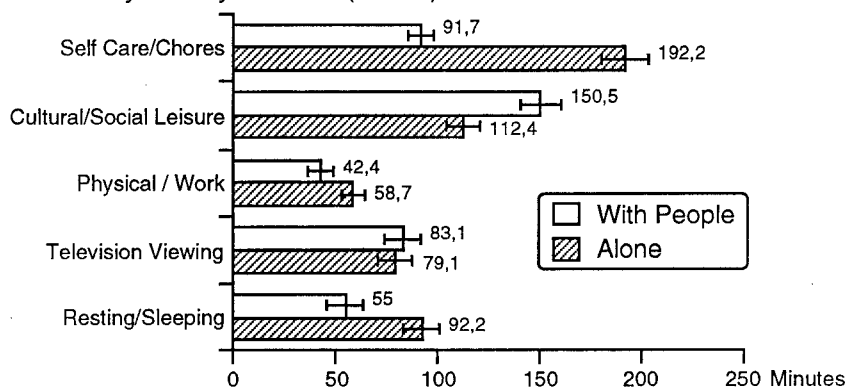
** $P < .01$; *** $P < .001$.

= 335) and those who reported difficulties when with others ($M = 481$ min., $SD = 333$).

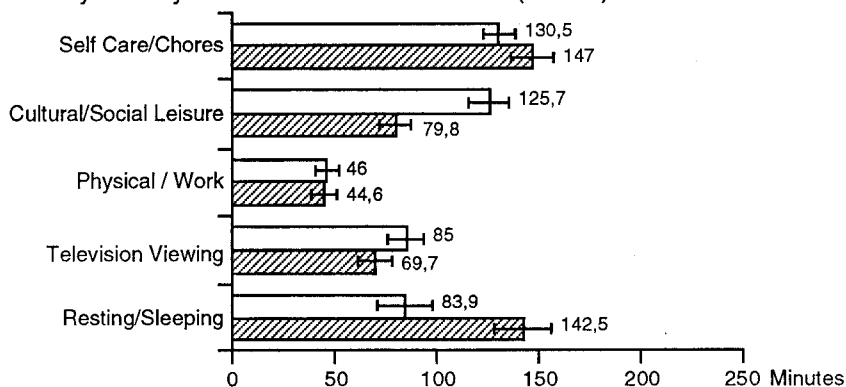
The mean duration of the five activities participants engaged in alone and with others differed for the three difficulty groups (see Fig. 1).

In all three groups, being alone prevailed during self-care activities, household chores, and resting (no difficulty in daily activities = 53.2%; difficulties when alone = 52.4%; difficulties when with others = 59.9%). Participants who reported difficulties in activities when alone, spent more than two-thirds of their waking time (67.2%) in leisure activities with others (i.e. social-cultural, physical activities, TV), in contrast to 51.5% of the participants who reported no difficulties and 54.5% who experienced difficulties in activities when with others. These effects were unchanged when institutionalised participants were excluded from the analysis. Gender and marital status are confounded because only a small proportion of women lived with a spouse. Therefore, statistical tests for effects of gender and living arrangement were difficult to interpret. Control analyses suggest that, above and beyond the reported effects, women and those who lived alone were more often alone during self-care, housekeeping, and television viewing as compared to men and those who lived with a partner.

No Difficulty In Daily Activities (N=193)



Difficulty In Daily Activities When With Others (N=149)



Difficulty in Daily Activities When Alone (N=143)

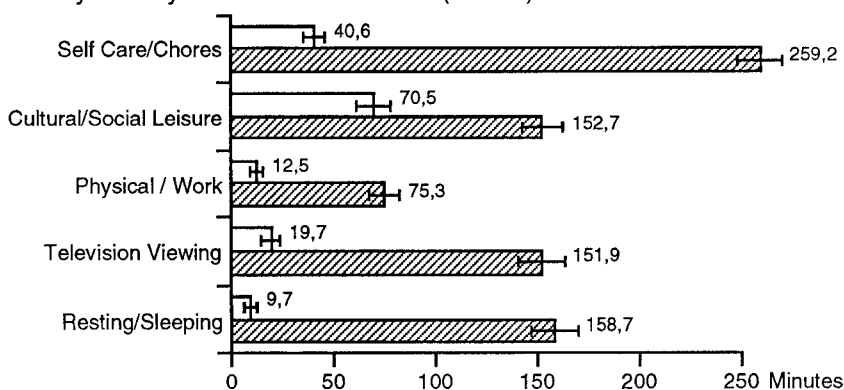


FIG. 1. Everyday activities when alone and with people in three reported difficulty groups (N = 485).

Hypotheses 2 and 3: The Effects of Age, Difficulty Group, and Social Contact Group on Everyday Satisfaction and Self-reported Autonomy. Two three-factorial, 2 (age cohort) \times 3 (difficulty group) \times 2 (social contact group), analyses of covariance were conducted on everyday satisfaction and autonomy with gender, living arrangements, health, and sensorimotor functioning as covariates. Everyday satisfaction and self-reported autonomy were only modestly correlated ($r = .16$; $P < .01$). Table 4 presents the F -values, beta-coefficients of covariates and eta-square values of the ANCOVAs on everyday satisfaction and self-reported autonomy. Eta-square indicates the proportion of variance that is accounted for by the respective effect (Tabachnik & Fidell, 1996). Beta coefficients of covariates describe the estimated direction of significant effects.

As shown in Table 4, everyday satisfaction is higher when participants are in good health and physically functioning well. Above and beyond the effects of covariates on everyday satisfaction, a main effect emerged for social contact group with a two-way interaction for difficulty group and social contact group. These exist above and beyond the effects of institutional status or living arrangement and they remain stable after

TABLE 4

Results of Two Separate 2 (Age Cohort) \times 2 (Social Contact Group) \times 3 (Difficulty Group) ANCOVAs on Everyday Satisfaction and on Autonomy, Controlling For Sensorimotor Functioning, Gender, Health, and Living Arrangement ($N = 485$)

Source of Effect	Dependent Variable					
	Everyday Satisfaction			Autonomy		
	F^a	β^b	Eta^2	F^a	β^b	Eta^2
<i>Covariates</i> (β): ^b						
Gait/Balance		.16**	2.4		.24***	5.7
Vision		.00	0.0		.06	0.4
Hearing		.03	0.1		.06	0.3
No. of medical diagnoses		-.18***	3.1		-.04	0.2
Demented (0 = no/1 = yes)		-.05	0.3		-.08	0.6
Institutionalised (0 = no/1 = yes)		-.06	0.3		-.13*	1.4
Living alone (0 = no/1 = yes)		.03	0.1		.14**	1.8
Gender (1 = male/2 = female)		.02	0.1		-.06	0.3
Difficulty group	1.5		0.7	11.2***		4.6
Social contact group	7.3**		1.5	0.2		0.0
Age cohort	2.5		0.5	10.7**		2.2
Age cohort \times social contact	0.3		0.1	4.5*		1.0
Age cohort \times difficulty group	1.7		0.7	2.2		0.9
Difficulty \times social contact	4.4*		1.9	1.6		0.7

^a F -values with $df = 1,468$ for all comparisons except for $df = 2,468$ for the difficulty group. Because of small cell sizes, only two-way interaction effects and main effects were tested.

^b Beta-coefficients of covariates entail information on direction of effects.

* $P < .05$; ** $P < .01$; *** $P < .001$.

excluding institutionalised participants ($N = 55$) from the analysis. Figure 2 illustrates the means and confidence intervals of everyday satisfaction for difficulty and social contact groups.

Social contact in daily activities is associated with higher satisfaction for participants who reported no difficulty in daily activities, compared to participants who reported difficulty in activities either when alone or when with others (see Fig. 2). Level of social contact did not differ for participants who reported difficulty when alone. However, participants who reported difficulty when with people compared to those who reported difficulty when alone, were less satisfied with low levels of social contact [*post-hoc* comparison: $t(174) = 2.1, P < .05$]. These groups did not differ on satisfaction when participants reported high levels of social contact [$t(186) = -.53, n.s.$].

A different pattern emerged for self-reported autonomy. Results of a three-factorial ANCOVA on self-reported autonomy are shown in the right column of Table 4. Physical functioning (i.e. gait/balance) is positively associated with autonomy. In addition, living alone is associated with higher autonomy. Living in an institution is associated with lower autonomy than living in a shared household ($\eta^2 = 1.4\%$). Above and beyond the effects of these covariates, there were main effects for age cohort and difficulty group, with a two-way interaction between age cohort and social

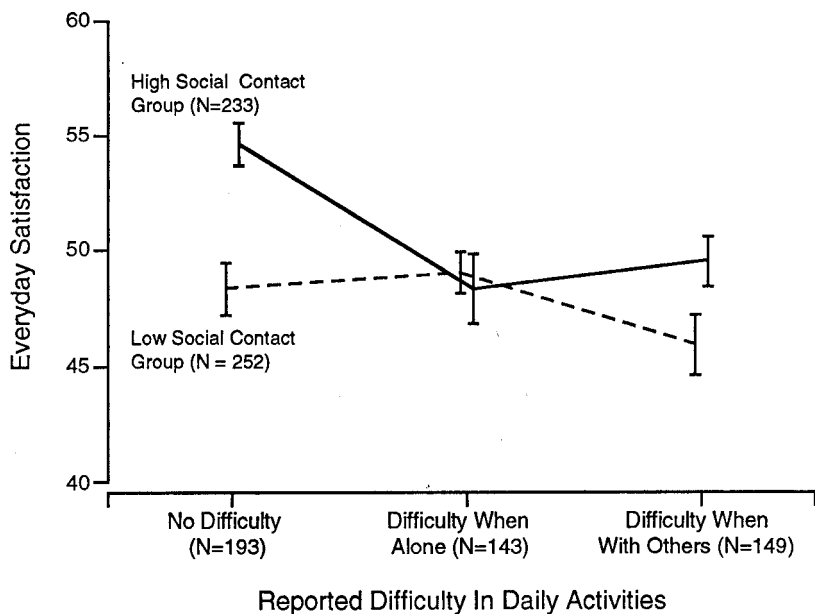


FIG. 2. Everyday satisfaction among social contact groups and difficulty groups.

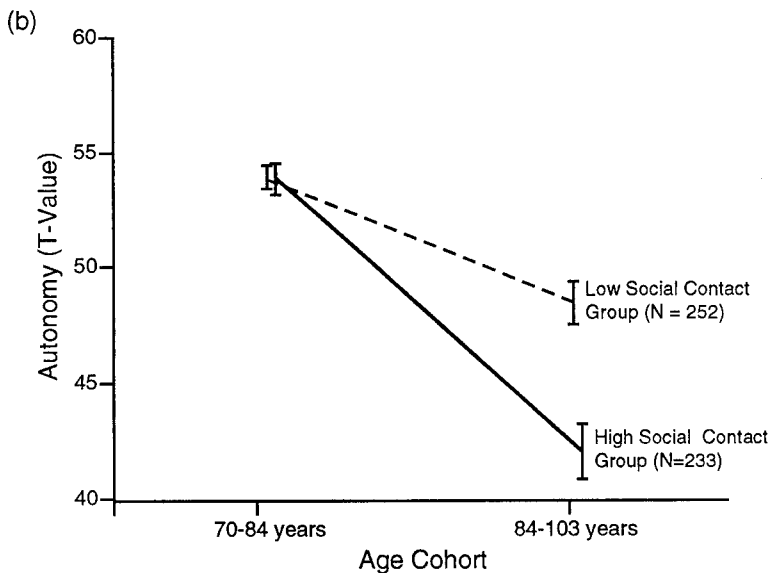
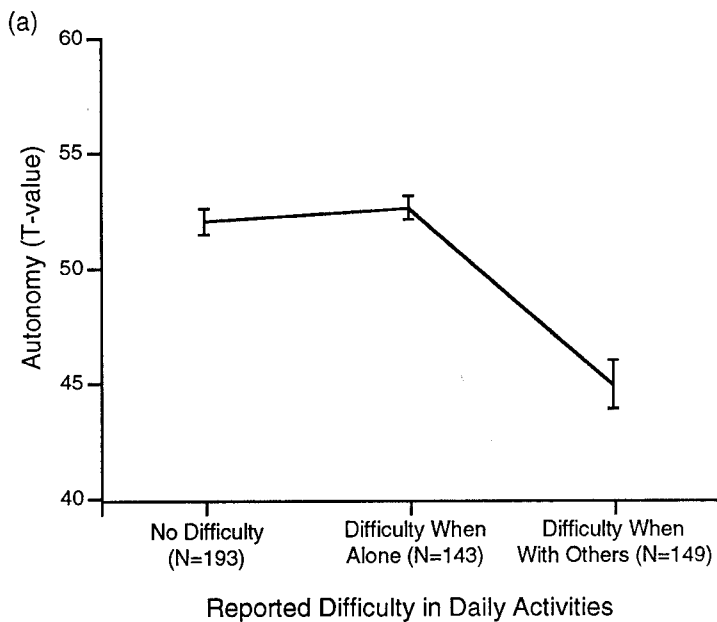


FIG. 3. Self-reported autonomy among difficulty groups (a), and among age cohort and social contact groups (b).

contact group. Figure 3 illustrates the main effect of difficulty group (Fig. 3a) and the interaction effect of age cohort and social contact group (Fig. 3b) on self-reported autonomy.

As shown in Fig. 3(a), self-reported autonomy was lowest when participants reported difficulties when with others. No significant differences in autonomy emerged for participants who reported difficulties when alone and for those with no difficulties. There was also a significant two-way interaction of age cohort and social contact group on autonomy. Very old people (85–103 years) with few social contacts reported higher autonomy than very old people with many social contacts (see Fig. 3b). Social contact was not related to autonomy among participants who were 70–84 years old. These patterns persisted above and beyond the effects of all covariates and remained stable after excluding institutionalised participants and statistically controlling for effects of number of difficulties.

The relatively small correlations of number of reported difficulties with everyday satisfaction ($r = .19, P < .01$) and of number of reported difficulties with autonomy ($r = .17, P < .01$) were almost totally accounted for by health and sensorimotor functioning (81.7% of the effect on everyday satisfaction and 96.9% of the effect on autonomy). Thus, the reported effects of the difficulty group cannot be attributed to differences in the number of difficult daily activities.

To sum up, greater levels of social contact are associated with greater everyday satisfaction as long as participants report no difficulty in daily activities. Everyday satisfaction is lowest when participants experience difficulty in daily activities when with others and when they have few social contacts related to nondifficult daily activities. Social contact does not affect everyday satisfaction among participants who report difficulties when alone. However, more social contact is associated with lower self-reported autonomy among very old participants (85–103 years) but not among old participants (70–84 years).

DISCUSSION

The aim of this paper was to explore indicators of selection and compensation in the context of daily activities when these become difficult for the elderly to execute. At issue was whether old and very old people use social contact to compensate for difficulties and whether they choose different daily activities to avoid difficulties. The findings are controversial but in accordance with previous literature (Baltes & Carstensen, 1996; Larson, 1990; Lang & Carstensen, in press). Overall, older people seem to benefit from being with others in terms of everyday satisfaction: The more social contact they have the more satisfied they are. This is valid, however, only as long as older people do not experience difficulties with daily

activities. Older people who report difficulties in daily activities seem to benefit somewhat less from social contact and spend their time with others in different activities.

How does social contact act as a compensatory mechanism? When older people report difficulty in daily activities when with others about half of this time involved such activities as self-care, housekeeping, or resting. Moreover, when social contacts in the context of reported difficulty in daily activity prevail (i.e. when few social contacts are reported), everyday satisfaction is low. It may be that social contact in nondifficult daily activities counterbalances social contacts associated with difficulties in daily activities.

In contrast, older people who report difficulty only when alone spend about two-thirds of their social contacts in the context of leisure activities. These older people may try to keep their autonomy by engaging in difficult tasks when alone but then make use of others when engaged in nondifficult tasks. Being alone in daily activities might allow older people to maintain autonomous functioning and still spend time with people in satisfying daily activities (Larson, 1990; Larson et al., 1985).

What indications are there of the selective mechanisms of being with people and being alone in everyday life? Having few social contacts was related to greater feelings of autonomy, particularly in very old age. Narrowing one's social contacts in later life may help to maintain self-reported autonomy. There were no differences in autonomy between participants reporting no difficulties and those reporting difficulties when alone, suggesting that the mastery of daily activities when alone may enhance autonomy and contribute to social adaptivity (Baltes & Baltes, 1990; Bandura, 1986).

The findings also speak to the assumptions of socioemotional selectivity theory (Carstensen, 1993, 1995). When the future is limited, older people seek to maximise emotionally meaningful and satisfactory social contacts, and minimise less meaningful social contacts (Lang, in press). Very old people, compared to old people, seem to benefit more from a few meaningful social contacts. Experiencing difficulties in daily activities may also remind very old people of the need to come to terms with life and that being with people is more gratifying when it is associated with meaningful daily activities. Consistent with this, we find that older people who report difficulty only when alone spend about two-thirds of their social contacts in the context of meaningful leisure activities.

Of course, the cross-sectional design of the study limits conclusions about the direction of these effects. Social contact may be detrimental to everyday functioning when older individuals experience difficulties in daily activities and are forced to compensate. Some older individuals successfully adapt to difficult situations when alone and may prefer to be with people only during nondifficult daily activities. Other older people need to rely on social

resources when confronted with difficult daily activities. In this case, it is important to have social contacts in the context of daily activities that are not perceived as difficult.

Although caution is warranted when interpreting cross-sectional data, the findings speak to the differential adaptive functions of being with people and being alone. In view of functional losses in health and sensorimotor functioning in later life, being alone in everyday life when experiencing difficulty and being with people when seeking meaningful leisure activities seem to be associated with relatively greater satisfaction and autonomy. Being with people in daily activities may contribute to late life adaptivity when it is related to compensatory efforts in everyday life management. Being alone, in contrast, may protect against unpleasant social contacts or loss of autonomy in very old age and when experiencing difficulty in daily activities.

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